

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/1763666
APPLICANT(S)

FILING DATE

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1				
3		1				
4		1				
5		4			1	
6					1	
7					1	
8		1	60			
9	1					
10						
11		1				
12		1				
13		4	0		1	
14					1	
15			60			
16			60			
17			60			
18			60			
19	1					
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21					1	
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45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL			8			
TOTAL			35			
TOTAL CLAIMS			43			

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			